

Colonial Germ Warfare

By Mr. Harold B. Gill, Jr.

“The humanizing of War! You might as well talk of the humanizing of Hell As if war could be civilized! If I’m in command when war breaks out I shall issue my order—‘The essence of war is violence. Moderation in war is imbecility. Hit first, hit hard, and hit everywhere.’”¹

—Sir Reginald Bacon

When armies get in desperate situations, the usual civilized rules of warfare are often thrown out the window. In the 1520s, Italian politician and author Niccolo Machiavelli wrote that when speaking of the safety of one’s country, there must be no consideration of just or unjust, merciful or cruel, or praiseworthy or disgraceful; instead, setting aside every scruple, one must follow to the utmost any plan that will save her life and keep her liberty.

During Chief Pontiac’s uprising in 1763, the Indians besieged Fort Pitt and burned nearby houses, forcing the inhabitants to take refuge in the well-protected fort.² The British officer in charge of the fort, Captain Simeon Ecuyer, reported to Colonel Henry Bouquet in Philadelphia that smallpox had already broken out and that he feared the crowded conditions would result in the spread of the virus. On 24 June 1763, William Trent, a local trader, recorded in his journal that two Indian chiefs visited the fort and urged the British to abandon the fight, but the British refused. Instead, when the chiefs departed, they were given blankets and a handkerchief out of the smallpox hospital.



Photo courtesy of the Colonial Williamsburg Foundation

Blankets infected with smallpox were offered to the Indians besieging Fort Pitt.

It is not known who conceived the plan, but there is no doubt that it met with the approval of the British military and may have been common practice. After the incident at Fort Pitt, Sir Jeffrey Amherst, commander of British forces in North America, wrote that the event was contrived to send the virus among the Indians. Sir Jeffrey ordered the extirpation of the Indians (without taking prisoners). About a week later, he wrote to Colonel Bouquet and recommended the additional inoculation of Indians with smallpox-infected blankets, in addition to every other method used to extirpate the “execrable race.”

Though a connection cannot be proven, a smallpox epidemic erupted in the Ohio Valley that may have been the result of distributing infected articles at Fort Pitt. Whatever its origin, the outbreak devastated the Indians. Although modern readers may find such tactics atrocious and barbaric, these methods were acceptable during this time period. And all-out war was not foreign to the Indians. During Pontiac’s rebellion, Indian warriors killed about 2,000 civilian settlers and 400 soldiers in an attempt to extirpate the enemy.

The Fort Pitt incident is the best-documented case of deliberately spreading smallpox among unsuspecting populations, but it was likely not the first time such a stratagem was employed by military forces. It appears that both Captain Ecuyer and Sir Jeffrey proposed the same idea independently at about the same time, suggesting that the practice was not unusual. The spread of sickness and disease among enemy forces has a long history. The ancient Assyrians and Greeks poisoned enemy water supplies; the Greeks used the herb *hellebore* to cause violent diarrhea. In 1340, attackers used a catapult to throw dead animals over the walls of the castle of Thun L’Eveque in Hainault (now northern France), causing such a foul, unendurable odor that the defenders negotiated a truce.

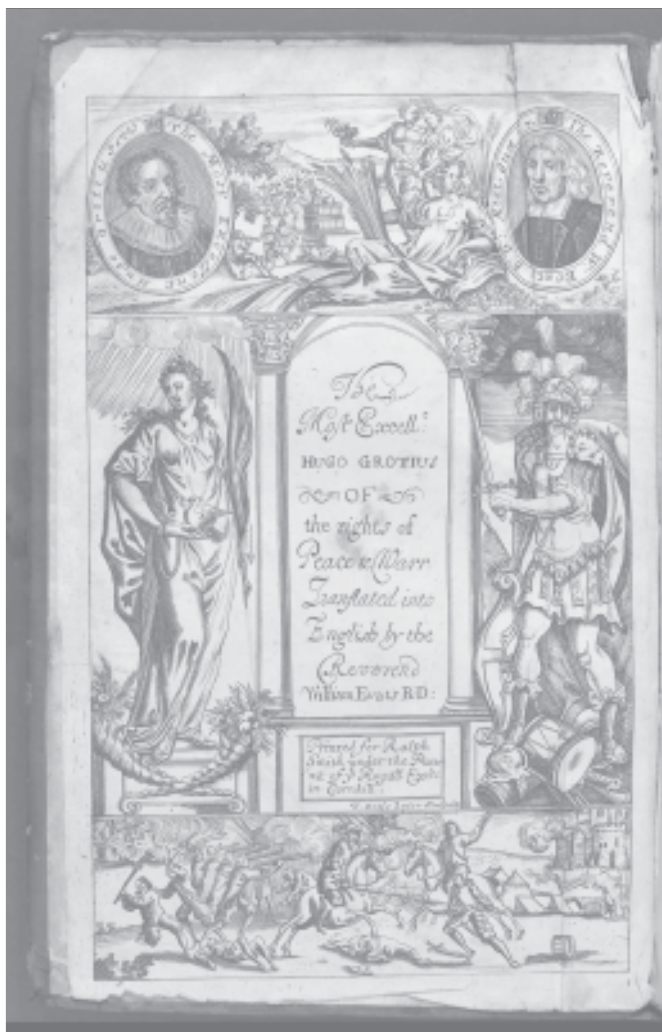


Photo courtesy of the Colonial Williamsburg Foundation

Grotius' interpretation of the accepted rights of peace and war was published in 1625.

In 1623, Dr. John Pott, a physician at Jamestown, Virginia, was said to have poisoned Indians in retaliation for a Powhatan uprising in which 350 English died. On 22 May 1623, Captain William Tucker and 12 other men went to the Potomac River to secure the release of English prisoners held by Indians. To conclude the peace treaty, the English invited the chief and his men to drink a sack prepared for the occasion. But the Indians demanded that the English interpreter take the first drink, which he did from a different container. Afterward, a group of Indians, including two chiefs, were walking with the interpreter when the interpreter suddenly dropped to the ground while the English soldiers discharged a volley of shots into his Indian companions. The English estimated that about 200 Indians died of poison and 50 from gunshot wounds; however, Chief Opechancanough, the mastermind of the uprising, was not found among the dead.³ Some Englishmen expressed reservations about using such

tactics, even against the Indians, and Dr. Pott was later criticized for his actions.

By the 17th century, European military leaders were becoming conscious of ethics in warfare and rules for carrying out civilized war slowly developed. In 1625, a Dutch legal scholar, Hugo Grotius, published his codification of accepted rules of peace and war. Grotius departed from the classical view of war and did not regard the entire population of the antagonist state as the enemy. Other writers also made attempts to better define the term *enemy*, believing that a distinction between military forces and civilians needed to be established.

The next significant work on the rules of war was Emmerich de Vattel's *The Law of Nations*, published in 1758. De Vattel believed that the enemy could be deprived of his property and strength. Further, he believed that laying waste to a country and destroying the food supply prevented the ability of the enemy to subsist. De Vattel believed that such measures, used in moderation, were often necessary to attain the war objective.

Both Grotius and de Vattel thought women, children, the elderly, and the infirm should not be considered the enemy. They thought it was an improper practice to poison weapons and contaminate drinking water. Neither of the writers specifically condemned the intentional spread of disease among the enemy, most likely because, with the exception of smallpox and syphilis, it was not known how diseases were spread. What impact these writers and other philosophers made on military leaders is not known, but it appears that leaders were aware that public opinion regarded the practices as immoral and attempted to hide any evidence of the actions.

There is no decisive proof of attempts to spread disease within enemy troops during the American Revolutionary War, but there is plenty of circumstantial evidence. Almost from the beginning, Americans suspected that the British were trying to infect their army with smallpox. Just before Virginia's last royal governor, Lord John Dunmore, departed from his base at Norfolk in 1776, the *Virginia Gazette* reported that his lordship infected two slaves with smallpox and sent them ashore to spread the virus. The incident was unsuccessful.

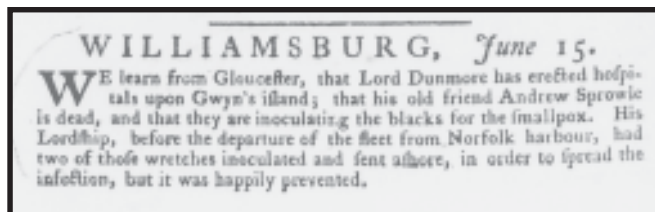


Photo courtesy of the Colonial Williamsburg Foundation

The *Virginia Gazette* reported the failed smallpox plot of Lord Dunmore.

Most British troops were inoculated or were immune to the virus due to previous illness. In Europe, smallpox was endemic. Nearly everyone was exposed to the virus at an early age, so most of the adult population had protective antibodies. On the other hand, most American soldiers were susceptible to the virus. Due to the sparse population, Americans often reached adulthood without coming in contact with the smallpox virus. This placed General George Washington with a dilemma: if he ordered an inoculation of the Continental Army, most of the soldiers would be in the hospital at the same time—a certain disaster if the British learned of it. General Washington tried to get around the problem by ordering all new recruits who had not experienced the virus to be inoculated before joining the main army. Hospitals were set up at various locations to undertake the work. Even with these precautions, at one time about one-third of the army was incapacitated with the virus or undergoing inoculation.

When the American siege of Boston began in April 1775, smallpox was epidemic among civilians living there. Most British soldiers were immune to the virus, but General Washington suspected that some of the civilians leaving the city had been infected in hopes of spreading the virus in the Continental Army. In December, deserters coming to the American lines confirmed those suspicions. One week later, General Washington informed John Hancock of the enemy's malice intentions. A Boston physician later admitted to administering the virus to people leaving the city. Rumors and suspicions of British efforts to spread the virus were persistent throughout the war.



Photo courtesy of the Colonial Williamsburg Foundation

Hospitals were set up at various locations to inoculate new recruits joining the Army.

Smallpox also played a role in the failure of American forces to capture Quebec. It was rumored that General Guy Carleton, the British commander in Quebec, deliberately sent infected people to the American camp. Thomas Jefferson was convinced that the British were responsible and later wrote that he was informed by officers that the virus was sent into the Continental Army by the British commander. After the defeat at Quebec, American troops gathered at Crown Point where John Adams found deplorable conditions with disease and few, if any, provisions.

In most cases, the evidence against the British was strong but circumstantial, yet some evidence was quite explicit. When the British sent an expedition to Virginia in 1781, General Alexander Leslie revealed to General Charles Cornwallis his plan to spread disease among the Americans by sending 700 Negroes down the river with smallpox to infect the plantations. Leslie's motive was clear, but it is not known if he actually carried out his plan, though it is evident that the British had few qualms about the tactic of infecting the army and the general population. In 1777, a British officer, Robert Dunkin, published *Military Collections and Remarks*. In the book, Dunkin offered the shocking footnote suggestion of dipping arrows in the smallpox virus and shooting them at the Americans in an effort to disband the rebels.

In an article by a professor of history at George Washington University, the author points out that because the Americans were referred to as *savages*, any means was justified to exterminate them.⁴ Such attitudes were

probably often talked of, but were not put in writing, as evidenced by the fact that the offending footnote has since been removed from all but three copies of the book.

But what was considered an acceptable military tactic in the colonial period might not have been acceptable to later generations. Eighteenth-century warfare was conducted by relatively compact armies and with less loss and harassment to civilians. The laws of war were more concerned with the protection of noncombatants and the unnecessary suffering of military personnel. By the end of the 19th century, efforts were being made to prevent the horrors of chemical warfare.

The first Hague Peace Conference of 1899 issued a declaration prohibiting the use of poison and materials causing unnecessary suffering. The Geneva Protocol adopted in 1925 prohibited the use of asphyxiating, poisonous, or other gases; all analogous liquids, materials, and devices; and biological methods of warfare. Most countries have accepted the Geneva Protocol, though the guidelines are not always followed.

Endnotes

¹Reginald Bacon, *The Life of Lord Fisher of Kilverstone, Admiral of the Fleet*, Doubleday, Doran, Garden City, New York, 1929, Vol. 1, pp. 120-121.

²Pontiac was chief of the Ottawa. Allied with the French forces during the French and Indian War (the North American branch of the

Seven Years' War), Pontiac was hunted by the British after the French withdrawal. He led the Conspiracy of Pontiac in 1763.

³Opechancanough was chief of the Powhatan Confederacy from 1618 through 1644. He was responsible for the abduction of Captain Smith in 1608 and the massacres of 1622 and 1644.

⁴Elizabeth A. Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffrey Amherst," *Journal of American History*, Vol. 86, No. 4, March 2000, pp. 1552-1580.

Mr. Gill is the consulting editor of the Colonial Williamsburg Journal and the author of more than fifty articles and five books on American history. He is the recipient of the 1998 North American Society for Oceanic History, John Lyman Book Award. Mr. Gill resides in Williamsburg, Virginia.

ACAP Services Change for Soldiers Affected by Stop Loss

By Ms. Tesia Williams

The recent implementation of the Active Army Unit Stop Loss/Stop Movement Program will affect Army Career and Alumni Program (ACAP) participation for some soldiers who are planning to leave the Army. Soldiers who are impacted by stop loss/stop movement and assigned to units selected for deployment to Iraq and Afghanistan will now receive their mandatory preseparation counseling prior to departure from their home station. The mandatory counseling will allow soldiers to receive an explanation of transition benefits and services 90 days prior to their separation date.

Many installations integrate ACAP preparation counseling into the predeployment process; however, soldiers need not wait until predeployment processing to begin receiving ACAP transition services. As time permits, soldiers should visit their local ACAP center and sign up for the transition and job assistance services available to them after the initial preseparation counseling. Early initiation of the ACAP process will increase a soldier's opportunity to receive available follow-on ACAP services and attend the Transition Assistance Program workshops prior to deployment. Additionally, ACAP offers online services that soldiers can take advantage of during

downtime while they are deployed; however, to access these resources, they must have already received the preseparation counseling.

The Reserve Component unit stop-loss policy implemented in the fall of 2002 remains in effect. Army National Guard and Army Reserve personnel who have completed more than 180 days of continuous active duty are eligible for full ACAP services. ACAP provides transition and job assistance services to separating and retiring soldiers and their family members. Separating soldiers can enroll in the program up to one year prior to their separation date, and retiring soldiers can start the process as early as two years in advance of their retirement date. Soldiers can obtain additional information by visiting their local ACAP center or by going to the Web site <www.acap.army.mil>.

Ms. Williams is a Department of the Army public affairs specialist. She has written several articles on Army programs and advanced schooling, including the Veterans Educational Assistance Program and the Army University Access Online (eArmyU). She works in the Public Communications Office at the US Army Materiel Command, Fort Belvoir, Virginia.
